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Country programme outline for Burundi**

Proposed UNFPA assistance: $3.6 million: $2.1 million from regular resources and $1.5 million through co-financing modalities and/or other, including regular, resources

Programme period: Two years (2003-2004)

Cycle of assistance: Fifth

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	1.5	1.2	2.7
Population and development strategies	0.4	0.3	0.7
Programme coordination and assistance	0.2	-	0.2
Total	2.1	1.5	3.6

* *Reissued for technical reasons*

**The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. Burundi is at a critical juncture. The lifting of the international embargo in early 1999 and the signing of the Arusha Agreement for Peace and Reconciliation in August 2000 have given cause for hope. Other positive developments include the development of transitional institutions and the Burundi Donors' Round Table held in Geneva, 6-7 December 2001. But the number of people living in poverty continues to rise, and the ongoing civil war has pushed the number of internally displaced persons (IDPs) to 400,000 and has placed enormous pressures on public infrastructure.

2. Life expectancy dropped from an estimated 53.8 years in 1992 to 47.4 years in 2001, while the rate of infant mortality more than doubled from 110 to 239 per 1,000 live births. The maternal mortality ratio (MMR) is estimated to range from 800 to 1,300 per 100,000 live births. The percentage of deliveries assisted by skilled attendants was about 17.8 per cent in the year 2000. Fertility remains high, at 6.3 children per woman, while the contraceptive prevalence rate is lower than 3 per cent. Utilization of health services is very low and has been attributed to the high cost of services and medicines, the lack of quality services, the distance that must be travelled to reach health facilities, and complications arising from population movements. Low salaries for reproductive health services staff and the lack of proper medical supplies have hampered efforts to strengthen service provision. The situation of women, which has deteriorated considerably since the country plunged into crisis a decade ago, is made even worse by the discrimination and violence they often experience in IDP camps.

3. Fighting AIDS is a top health priority for the Government. In June 2000, HIV prevalence was estimated at 18.6 per cent in urban areas and 7.5 per cent in rural areas. A national strategic plan for fighting the pandemic was adopted in 1999, and a Programme of Action for the years 2002-2006 was adopted in 2001 and presented at the Burundi Donors' Round Table in Geneva.

II. Past cooperation and lessons learned

4. The fourth UNFPA-supported country programme for Burundi, covering the years 1999 to 2001, was approved for $8 million, $4.5 million of which were to come from regular resources. Following the recommendations of a midterm review conducted in July 2001, the programme was extended through 2002.

5. In the area of reproductive health, including family planning and sexual health, the achievements of the programme include: (a) training over 200 doctors and nurses in emergency obstetric care and post-partum consultations; (b) expanding community-based distribution of contraceptives; and (c) expanding services in health centres in Bujumbura, Gitega and Ngozi to offer reproductive health services and information to youth.

6. Achievements in the area of population and development strategies include: (a) supporting the preparation, circulation and discussion of a draft national population policy at all levels (national and local, and among religious and civil authorities as well as political decision makers); and (b) creating a sociodemographic database, in collaboration with the Statistical and Economic Studies Institute of Burundi and the UNFPA Country Technical Services Team (CST) in Addis Ababa, Ethiopia.

7. Programme activities in the area of advocacy included: (a) improving the capacity of stakeholders to implement and monitor advocacy campaigns; (b) a study on girls' education, carried out in collaboration with a local non-governmental organization (NGO), the results of which will be used as an advocacy tool; and (c) the organization of seminars for journalists, members of Parliament, judiciary officials and other high-ranking decision makers, to sensitize them to population and development issues.

8. One of the chief lessons learned from the fourth country programme was that having 14 expected outputs, particularly in the midst of a crisis and with limited financial resources, was far too ambitious. Another was that insufficient

attention and resources have been devoted to the HIV/AIDS epidemic. Among the more positive lessons learned during the execution of the fourth country programme, it was found that the health centres of ABUBEF (Burundi Association for Family Welfare) were the best way to provide information and services to youth and adolescents. UNFPA will therefore increase support for these centres so that they can be expanded to new areas.

III. Proposed programme

9. The proposed programme, which would be the Fund's fifth programme of assistance to Burundi, takes into account the ongoing political transition and is based on the recommendations of the midterm review, the evaluation of the previous programme and strategic meetings with development partners. It aims to consolidate the achievements of the fourth country programme while laying the foundation for harmonized programming with United Nations Development Group (UNDG) partners beginning in 2004. The long-term goal is to help improve the quality of life of the people of Burundi through: (a) improved reproductive health; (b) harmonization of demographic trends with economic growth in the framework of reconstruction and economic recovery; and (c) reduction of gender disparities.

10. A decade of civil war has prevented Burundi from developing a United Nations Development Assistance Framework (UNDAF) to date, but UNDP and UNICEF have agreed on cooperation frameworks with the Government for the 2002-2004 period. To allow for harmonization from 2004 onward, the proposed programme would cover only the two-year period 2003-2004. A proposal to update the 2000 common country assessment (CCA) and to prepare the UNDAF to serve as a reference for future programming from 2003 onward is currently under consideration. In the meantime, UNFPA will continue to actively participate in United Nations coordination and operational activities, including security matters. UNFPA is the current chair of the UNAIDS Theme Group, the Theme Group on Gender, and the Programme Group, and is a full participant in the United Nations Consolidated Appeals Process (CAP) and the Contingency Plan.

11. The proposed programme consists of two subprogrammes: reproductive health, and population and development strategies. Advocacy, gender, behaviour change communication (BCC) and capacity-building will be cross-cutting dimensions in all programme activities.

Reproductive health

12. The expected outcome of the reproductive health subprogramme is increased use of integrated, accessible and quality reproductive health services by women, men and adolescents.

13. The expected outputs of the reproductive health programme are as follows: Output 1: Improved availability of quality services. This would be achieved through: (a) provision of support for assisted delivery in the provinces of Ngozi, Kayanza and Karuzi, where maternal mortality remains high, and where WHO plans to establish a referral system; (b) expansion of UNFPA services in seven provinces to include family planning; (c) efforts to combat HIV/AIDS and other sexually-transmitted infections through preventive BCC interventions, promotion of condom use and strengthening the commodities distribution system; (d) expansion of reproductive health services to include services for youth and adolescents in the urban centres of Bujumbura-Mayorship, Gitega, Ngozi, Rumonge and Muyinga; and (e) provision of reproductive health kits to repatriates in transit camps and to IDPs.

14. Output 2: Improved availability of BCC in sexual and reproductive health among men, women and adolescents. This would be achieved through: (a) a study to identify existing beliefs and practices that negatively impact the sexual and reproductive health of men, women and youth; and (b) the subsequent elaboration and implementation of an operational BCC plan targeting men, women and adolescents.

15. Output 3: Improved availability of service delivery statistics through data collection, analysis, dissemination and use in improving

reproductive health. This would be achieved by: (a) training providers on health information systems; and (b) supporting feedback and monitoring regarding reproductive health indicators.

Population and development strategies

16. The expected outcome of the population and development strategies subprogramme is to have contributed to improved integration of population and gender issues into various sectoral development programmes.

17. Output 1: Strengthened technical and institutional capacities of the unit in charge of planning, human resources and management information systems within the Ministry for Development Planning and Reconstruction. This would be achieved through: (a) training of personnel; and (b) support for research activities and procurement of equipment.

18. Output 2: Availability of accurate and reliable data. This would be achieved through: (a) processing, analysis, dissemination and utilization of data from the demographic and reproductive health survey to be carried out in 2002; (b) training of government counterparts in the use and dissemination of an updated, gender disaggregated sociodemographic database; and (c) preparation of demographic projections (taking into account the impact of HIV/AIDS) and various demographic analysis reports.

19. Output 3: Increased commitment of religious, political and civilian decision makers to population, reproductive health and gender-related issues. This would be achieved through: (a) the organization of panel discussions, community meetings, radio reports, television documentaries, and feature articles on the linkages between population issues and development, and the publication of research findings; and (b) the organization of debates and training and sensitization seminars to raise awareness and generate political support and commitment for population issues.

IV. Programme management, monitoring and evaluation

20. The different line ministries will play a key role in the implementation of the proposed programme, in collaboration with NGOs and civil society. Baseline and interval data will be collected under the current programme so that updated indicators can be included in the logical framework matrix. The collected data will also be used in the preparation of the national report on the achievement of the Millennium Development Goals due in 2004.

21. The UNFPA country office is composed of a Representative, an Assistant Representative, a national programme officer, a programme assistant and an administrative and financial assistant. This staff should be sufficient to effectively carry out the activities planned in the proposed programme, which would also make use of CST advisers in accordance with UNFPA rules and regulations, particularly during the midterm review, annual reviews and other evaluation activities. National project personnel and United Nations Volunteers will also be utilized as needed.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR BURUNDI

There is no UNDAF at present.

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout their lives.	To have contributed to the increased use of integrated, accessible, quality reproductive health services by women, men and adolescents.	• Increased number of deliveries assisted by skilled attendants. * • Increased caesarean delivery rate. • Increased number of women having early prenatal consultations. • Increased number of people undergoing voluntary testing for HIV/AIDS. • Increased number of youth and adolescents using reproductive health services.* * Target and baseline data will be established at the start.	1. Improved availability of quality services, particularly in the provinces. **Output Indicators:** • Number of deliveries assisted by skilled attendants at the provincial level. • Scope of family planning and HIV/AIDS/STI services in the provinces. • Number of service providers trained in emergency obstetric care. 2. Improved availability of gender-sensitive BCC in sexual and reproductive health among men, women and adolescents. **Output Indicators:** • Percentage of population knowing at least four family planning methods. • Percentage of population aware of maternal mortality risks. • Percentage of population informed about risky sexual behaviours. • Percentage of population informed about family planning services, safe motherhood, youth/adolescent sexual and reproductive health, and HIV/AIDS/STIs. 3. Improved availability of service delivery statistics through data collection, analysis, dissemination and use in improving reproductive health. **Output indicators** • Number of health structures submitting complete monthly activity reports. • Number of health centres accurately collecting and analysing data.	$1.5 million from regular resources and $1.2 million through co-financing modalities and/or other, including regular, resources

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
There is a balance between population dynamics and social and economic development Gender equality and empowerment of women are achieved.	To have contributed to better integration of population issues, including gender aspects, into various sectoral development programmes.	• Availability of sectoral development programmes that incorporate demographic variables and gender aspects.	1. Strengthened technical and institutional capacities of the unit in charge of planning, human resources and management information systems within the Ministry of Development Planning and Reconstruction. **Output Indicators:** • Number of trained men and women. • Number and types of equipment supplied. • Number and quality of research reports issued. 2. Availability of accurate and reliable data. **Output indicators** • Quantity of demographic variables with gender aspects made available. • Number and types of sectoral analysis documents produced. • Number and types of reports produced. 3. Increased commitment of religious, political and civilian decision makers to population, reproductive health and gender issues. **Output indicators** • Number of senators, members of Parliament, governors and religious leaders sensitized on reproductive health matters. • Number of radio programmes produced and broadcast. • Number of articles published in the print media.	$0.4 million from regular resources and $0.3 million through co-financing modalities and/or other, including regular, resources Programme coordination and assistance: $0.2 million

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